

The Pretense of Psychology as Science: The Myth of Mental Illness *in Statu Nascendi*

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If I was profoundly shocked by the *Varieties [of Religious Experience]*, by William James], that was not because some of the facts described in it were such as I would rather not hear about. They were, on the whole, amusing. Nor was it because I thought James was doing his work clumsily. I thought he did it very well. It was because the whole thing was a fraud. . . . Psychology. . . regarded as the science of the mind, is not a science. It is what “phrenology” was in the early nineteenth century, and astrology and alchemy in the Middle Ages and the sixteenth century: the fashionable scientific fraud of the age. . . . There were, I held, no merely moral actions, no merely political actions, and no merely economic actions. Every action was moral, political, and economic.

R.G. Collingwood (1889–1943; 1978: 93, 95, 149)

In the Age of Faith, religion pretended to be a science, offering allegedly empirical observations about God and his works. In the Age of Science, psychology and psychiatry pretend to be sciences, offering allegedly empirical observations about the functions and malfunctions of the human mind. Much modern intellectual and political mischief rests upon this false and pretentious claim.

The epistemologically misleading character of the two principal “mental sciences” is inherent in their respective definitions. *Wikipedia Encyclopedia* identifies psychology as “an academic and applied field involving the study of the human mind, brain, and behavior. Psychology also refers to the application of such knowledge to various spheres of human activity, including problems of individuals’ daily lives and the treatment of mental illness.” Interestingly, *Wikipedia* then describes how “Psychology differs from anthropology, economics, political science, and sociology. . . .” and from “biology and neuroscience,” but is silent about how psychology differs from psychiatry. Psychiatry, *Wikipedia* tells us, “refers to the practice of medicine relating to the mind and behavior. . . . It is a subspecialty of medical practice. . . . While all clinicians encounter patients with mental illnesses and any of them may treat it, psychiatrists specialize in these areas.” Missing from these definitions is acknowledgment that the most constant and most characteristic element of so-called mental treatments is and has always been the coercion of the “patient” by the “doctor.”

To be sure, many psychologists pursue work unrelated to mental illnesses and mental treatments, and some psychiatrists deal with voluntary mental patients. In this essay, however, I shall use the terms “psychologist” and “psychiatrist” to refer to

persons whose professional roles are defined or shaped by mental health laws, that is, *coercion*. Why do I emphasize the central role of coercion in psychology and psychiatry? Because in my view voluntary mental health relations differ from involuntary mental health interventions the same way as, say, sexual relations between consenting adults differ from the sexual assaults we call “rape.” I maintain that it is essential—morally and politically—not merely to distinguish between coerced and consensual “therapeutic” relations, but to contrast them. The terms “psychology” and “psychiatry” ought to be applied to one or the other, but not both.

Mental healing, *qua* psychology or psychiatry, resembles religion, not medicine or science. Asserting that a respected social institution—such as religion, psychology, or psychiatry—rests on a farrago of fables is disrespectful of received opinion and dangerous. It took us, in the West, a long time before we rejected coercion in the name of religion and punished instead of praised the person who embraced violence in the name of God (Seager, 1933). I believe we ought also to reject coercion in the name of mental health and condemn instead of commend the person who embraces violence in the name of mental healing.

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The humoral theory of disease, let us remember, was alive and well a mere 150 years ago. As long as that theory prevailed, there was only one kind of disease, humoral. The idea of two kinds of diseases—one bodily, the other mental—is a product of the scientific revolution; more specifically, of nineteenth century empirical-scientific medicine, based on anatomical and physiological observation and measurement.

I coined the term “myth of mental illness” in 1960 to suggest that the distinction between bodily illness and mental illness rests on a misuse of the term “illness.” If we restrict the use of the term “illness” (or “disease”) to observable biological—anatomical and physiological—phenomena, then, by definition, the term “mental illness” is a misnomer or metaphor. Mind is not matter, hence mental illness is a figure of speech. The great nineteenth-century neuropsychiatrists regarded this view as a given:

- Ernst von Feuchtersleben (1806–1848): “The maladies of the spirit (*die Leiden des Geistes*) alone, *in abstracto*, that is, error and sin, can be called diseases of the mind only *per analogiam*. They come not within the jurisdiction of the physician, but that of the teacher or clergyman, who again are called *physicians of the mind* (*Seelenärzte*) only *per analogiam*” (Feuchtersleben, 1903/1955: 412).
- Theodor Meyner (1833–1892): “The reader will find no other definition of ‘Psychiatry’ in this book but the one given on the title page: *Clinical Treatise on Diseases of the Forebrain*. The historical term for psychiatry, i.e., ‘treatment of the soul,’ implies more than we can accomplish, and transcends the bounds of accurate scientific investigation.” (Meyner, 1884: v).

- John Hughlings Jackson (1835–1911): “Our concern as medical men is with the body. If there be such a thing as disease of the mind, we can do nothing for it” (Jackson, 1958, vol. 2: 59).
- Emil Kraepelin (1856–1927): “The subject of the following course of lectures will be the Science of Psychiatry, which, as its name [*Seelenheilkunde*] implies, is that of the treatment of mental disease. It is true that, in the strictest terms, we cannot speak of the mind as becoming diseased [*Allerdings kann mann, streng genommen, nicht von Erkrankungen der Seele sprechen*]” (Kraepelin, 1901/1968: 1).

In short, the proposition that there is no mental illness is not new. What is new are the practical, political-economic consequences of affirming or denying its existence. Until the 1970s, the idea that mental illness is a nondisease—a medical name for unwanted personal conduct—was accorded a measure of professional and public recognition. Since then, the debate about the disease-status of mental illness has been brought to a halt. Leaders in politics, jurisprudence, medicine, neuroscience, psychology, and psychiatry allied with business leaders, insurance executives, and journalists, declared that brain and mind, bodily illness and mental illness are identical and must—as a matter of *law and justice*—be treated as if they were the same.

- *White House Fact Sheet on Myths and Facts about Mental Illness*: “Research in the last decade proves that mental illnesses are diagnosable disorders of the brain” (White House Press Office, 1999).
- Nancy C. Andreasen, professor of psychiatry at the University of Iowa: “What we call ‘mind’ is the expression of the activity of the brain” (Andreasen, 1997).
- Donald F. Klein, professor of psychiatry at Columbia University and Paul H. Wender, professor of psychiatry at the University of Utah: “Biological depression is common—in fact, depression and manic-depression are among the most common *physical disorders* seen in psychiatry” (Klein, D.F. and Wender, P.H., 1993: 4).
- Daniel C. Dennett, professor of philosophy, Tufts University: “The mind is the brain” (Dennett, 1991: 33).
- Alan J. Hobson, professor of psychiatry, Harvard University: “[T]he brain and mind are one. They are one entity. . . . I use the hyphenated term ‘brain-mind’ to denote unity” (Hobson, 1994: 6–7).

In practice, none of this is true. Medicine and law continue to distinguish between neurology and psychiatry, between laws regulating the rights and duties of persons suffering from neurological diseases such as syringomyelia, and the rights and duties of persons suffering from psychiatric diseases such as schizophrenia. What accounts for this disjunction between academic-political declarations about mental illness and the legal-social realities of mental health practices? Answering that question fully

requires a reprising of the history of psychiatry. Here I limit myself to showing that the idea of mental illness qua medical disease is a product of modern materialist-reductionist psychology/psychiatry.

3

The modern history of the mind is a tapestry woven with two different strands, one concerned with “mental healing,” another with “mental illness.” At the dawn of the age of mental healing, the practice of such “therapy” was called “Mesmerism.” Freud named it “psychoanalysis.” Stefan Zweig aptly dubbed it *Heilung durch den Geist*, “healing by means of the spirit” (Zweig, 1962). We call it “psychotherapy” or “talk therapy.” The subject is important because controversy regarding the nature and scientific status of mental healing antedates and prefigures the controversy regarding the nature and scientific status of mental illness, psychiatry, and psychology.

Noted psychiatric historians, such as Henri Ellenberger and Gregory Zilboorg, trace the origin of modern psychotherapy to the work of Franz Anton Mesmer (1733–1815) (Ellenberger, 1970: 53; Zilboorg, 1941: 347). They do so because he had established—or so Ellenberger and Zilboorg believe—that suggestion (“hypnosis”) is a genuine medical method of treating bodily ailments. In my view, Mesmer’s so-called therapeutic successes prove the power of human gullibility, resting on man’s ultimate helplessness and quasi-religious need for dependence on benevolent (theological or medical) authority. The power and universality of this need is aptly expressed in the adage, “There are no atheists in foxholes.” *Mutatis mutandis*, there are no medical skeptics in operating rooms.

Mesmer’s work must be situated in the context of his age. The eighteenth century was a period of revolutions—political and scientific. Although the phenomenon physicists call “magnetism” had been known since antiquity, the fabrication and sale of magnets, mainly to scientific investigators and terrestrial navigators, began only around 1740. The famous Leyden Jar—a simple electrical capacitor that could be used to give a person a sudden, albeit weak, shock and which quickly became a show-business prop and sensation—was invented about 1745, by a Dutch physicist at the University of Leyden. In 1752, Benjamin Franklin (1706–1790), invented the lightning rod, a feat that made him the first modern “scientific celebrity.” Finally, in 1780, the Italian scientist Luigi Galvani (1737–1798) discovered the electric current and what he mistakenly thought was “animal electricity.” It was in this atmosphere of scientific discovery along with medical quackery and popular showmanship that Mesmer, an Austrian physician, “discovered” what he thought was “animal magnetism,” a mysterious “force” and substance (*fluidum*) to which he attributed vast therapeutic powers (Szasz, 1978/1988: 43–66).

The twentieth century, too, has been a revolutionary period, in politics, science, and medical quackery. In medicine, many important discoveries and new treatments rested on novel uses of electricity and magnetism, such as the x-ray, computerized axial tomography (CT scan), positron emission tomography (PET scan), and magnetic resonance imaging (MRI), not to mention radio, television, computers, and the Internet. It

is in this atmosphere that modern-day Mesmers discover near-miraculous cures for mental illnesses making use of electrical-magnetic devices, such as electroconvulsive therapy (ECT), vagus nerve stimulation (VNS), deep brain stimulation (DBS), and transcranial magnetic stimulation (TMS). Other “therapeutic breakthroughs” make use of pharmacotherapies modeled after antibiotics, called “antipsychotic medications.” I am not concerned here with whether these interventions are considered by some to be “effective.” I list them only to set the stage for my subsequent remarks about the alleged illnesses they supposedly treat.

Although we live in an age of far greater scientific and technological sophistication than did people in the eighteenth century, human gullibility remains undiminished. Perhaps it is a kind of existential constant, drawing its force from people’s seemingly unappeasable need to believe in, and submit to, authority. Today, people are especially credulous concerning matters having to do with the “mind”—its alleged material (anatomical, chemical, electrical) basis, its functions and malfunctions, and, most pressingly, the supposed diseases to which it is subject and the appropriate treatments for them. Social historians are familiar with the roles that the great nineteenth-century psychiatrists and the pioneer psychoanalysts played in exploiting this credulity. Less familiar is the role in this story of William James (1842–1910), whose boundless naïveté about mental matters is hidden by his stature as America’s greatest psychologist, one of the founders of the modern science of psychology and of the American Psychological Association.

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James’s obituary in *The New York Times* was entitled, “William James Dies; Great Psychologist, Brother of Novelist and Foremost American Philosopher Was 68 Years Old.” It summarized his work in these words: “Virtual Founder of Modern American Psychology, and Exponent of Pragmatism and Dabbled in Spooks. Long Harvard Professor” (James, 1910). James’s essay on religious belief, tellingly titled “The Will to Believe”; his famous book, *Varieties of Religious Experience*; and his credulous participation in “spiritualism” all testify to his own deeply-felt need “to believe,” if necessary, in the sense of *credo quia absurdum est*. (“I believe because it is absurd.” Usually attributed to Tertullian, c. 160–220.) Less well-known, but of greater interest to the subject of mental illness and psychiatric treatment, is James’s 1892 essay, “A plea for psychology as a natural science” (pp. 146–153). His words are clear and need no extended exegesis. My comments about them will be brief. James (1892) begins with a puerile statement:

- I wished, by treating Psychology *like* a natural science, to help her to become one (emphasis in the original, p. 146).

The rest of the essay is naive scientism, ending with a lamentable confusion and equation of scientific “control” with social control, the “lawfulness” of natural events with the rule of political despotism:

- All natural sciences aim at practical prediction and control, and in none of them is this more the case than in psychology today. . . . What every educator, every jail-warden, every doctor, every clergyman, every asylum-superintendent, asks of psychology is practical rules. Such men care little or nothing about the ultimate philosophic grounds of mental phenomena, but they do care intensely about *improving the ideas, dispositions, and conduct of the particular individuals in their charge* (emphasis added, p. 148).

Note that James brackets the educator, jail warden, physician, clergyman, and asylum psychiatrist as fulfilling essentially similar social functions—*controlling and improving individuals in his charge*. The statement brings to mind C.S. Lewis's warning:

We know that one school of psychology already regards religion as a neurosis. When this particular neurosis becomes inconvenient to the government, what is to hinder the government from proceeding to "cure" It? Such "cure" will, of course, be compulsory; but under the humanitarian theory it will not be called by the shocking name of Persecution. No one will blame us for being Christians, no one will hate us, no one revile us. The new Nero will approach us with the silky manners of a doctor, and though all will be in fact as compulsory as *tunica molesta* or Smithfield or Tyburn, all will go on within the unemotional therapeutic sphere where words like "right" and "wrong," or "freedom" and "slavery" are never heard. And thus when the command is given, every prominent Christian in the land may vanish overnight into Institutions for the Treatment of the Ideologically Unsound, and it will rest with the expert gaolers to when (if ever) they are to emerge. But it will not be persecution. Even if the treatment is painful, even if it is life-long, even if it is fatal, that will be only a regrettable accident, the intention was purely therapeutic (Lewis, 1953/1970: 293).

Assuming the posture of "doctor knows best," James charges ahead:

- all the fresh life that has come into psychology of recent years has come from biologists, doctors, and psychical researchers. . . . Cannot philosophers and biologists both become 'psychologists' on this common basis? Cannot both forgo ultimate inquiries, and agree that, provisionally at least, the mental state shall be the ultimate datum so far as "psychology" cares to go? . . . Not that today we *have* a "science" of the correlation of mental states with brain-states; but that the ascertainment of the laws of such correlation form the *program* of a science well limited and defined (James, 1892: 149, 151).

James ends on a note that I interpret as an expression of his effort to believe that his life-long confusions, fears, and "illnesses" were not the meaningful manifestations of his persistently avoided existential-moral problems but the meaningless symptoms of a medical disease susceptible to medical treatment:

- *The kind of psychology which could cure a case of melancholy, or charm a chronic insane delusion away, ought certainly to be preferred to the most seraphic insight into the nature of the soul. And that is the sort of psychology which the men who care little or nothing for ultimate rationality, the biologists, nerve-doctors, or psychical researchers, namely, are surely tending, whether we help them or not, to bring about* (emphasis added, p. 153).

By 1892, William James had come out of the spiritualist closet. Here he lists “biologists, nerve-doctors, and [or] psychical researchers” as scientists of the same kind, all engaged in a quest for the material cure of “chronic insane delusions” and not giving a whit about “seraphic insight into the soul.”

James was shockingly indifferent to the great controversies in psychology and psychiatry raging around him. It was then even more obvious than it is now that what sets psychiatry apart from medicine is coercion. The incarceration of the insane was, and is, the proverbial 800-pound gorilla in the room. Everyone knows it is there. Now, it is impolite to notice its presence. Not so in the 1890s. The following is a brief excerpt from an address by Silas Weir Mitchell (1829–1914)—the great American neurologist and founder of the American Neurological Association—presented at the 1894 annual meeting of the American Medico-Psychological Association (now the American Psychiatric Association): “You quietly submit to having hospitals called asylums; you are labeled as medical superintendents . . . I presume that you have, through habit, lost the sense of jail and jailor which troubles me when I walk behind one of you and he unlocks door after door. . . . *You have for too long maintained the fiction that there is some mysterious therapeutic influence to be found behind your walls and locked doors. We hold the reverse opinion . . . Your hospitals are not our hospitals; your ways are not our ways*” (Mitchell, 1894, pp. 414, 427, emphasis added).

James and the psychologists and psychiatrists who joined his quest for the material cure of “chronic insane delusions” without giving a whit about “seraphic insight into the soul” got what they wished for—and more: a “science of the mind” without soul or ensouled.

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